MoHealthNet

STATE OF MISSOURI

CHILDREN'S HEALTH INSURANCE PROGRAM AND SHOW ME HEALTHY BABIES PROGRAM

ANNUAL REPORT

DEPARTMENT OF SOCIAL SERVICES

DECEMBER 2024

EXECUTIVE SUMMARY

Established in 1998, the Missouri Children's Health Insurance Program (CHIP) provides essential health services to children in low-income families. As of December 2023, 124,341 children who would otherwise not have access to health coverage were enrolled in the program. Research demonstrates that access to healthcare significantly improves short-term and long-term outcomes for children. The State's investment in the Show Me Healthy Babies (SMHB) Program, which covers unborn children through prenatal care for pregnant mothers, has yielded impressive results including improved birth outcomes for babies, enhanced healthcare access, and reduced healthcare costs for taxpayers.

The CHIP and SMHB Program annual report provides a comprehensive overview of the Missouri CHIP program, which includes the SMHB Program, as well as an evaluation of the program's goals. These quality goals, presented below, align with the State's overall quality strategy for the MO HealthNet Division (MHD) ensuring continued quality and effectiveness.

GOAL 1	GOAL 2	GOAL 3	GOAL 4	GOAL 5
				
Reduce the number of children and unborn children in Missouri without health insurance coverage.	Ensure appropriate access to care.	Promote wellness and prevention.	Ensure cost-effective utilization of services.	Promote member satisfaction with experience of care.

The Missouri CHIP program has achieved remarkable success in improving healthcare outcomes for children. Notably, Goal 4 has shown significant progress in steering children toward preventive care and community-based services, resulting in fewer unnecessary emergency room visits and hospital stays, improved health outcomes for children, and cost savings for the State.

CHIP has made significant strides in reducing the rate of asthma-related hospital admissions and preventable emergency department visits among enrolled children. By providing regular access to preventive care, CHIP has empowered families to effectively manage pediatric asthma, a chronic yet treatable condition. The proactive approach has led to a decline in traumatic and costly emergency department visits. Consequently, statewide trends in preventable emergency department visits are also declining, demonstrating the program's positive impact on public health.

MO HealthNet for Kids – Medicaid/CHIP Program

- Improved health outcomes: CHIP ensures children receive necessary care, improving health outcomes and reducing disparities.
- Enhanced education: Healthy children perform better in school, contributing to a more educated workforce.
- Increased productivity: a healthier workforce leads to increased productivity and economic growth.
- Improved public health: CHIP contributes to a healthier population, reducing the burden on the healthcare system.
- Reduced healthcare costs: Makes economic sense for Missouri due to relative minimal costs to maintain program.
- Reduced child poverty: By providing health coverage, CHIP helps reduce child poverty and inequality.
- Enhanced quality of life for Missouri's children and families.

CHIP is financed jointly by the state and federal governments. By investing in CHIP, Missouri supports the health, education, and economic well-being of its citizens, driving long-term prosperity and growth.

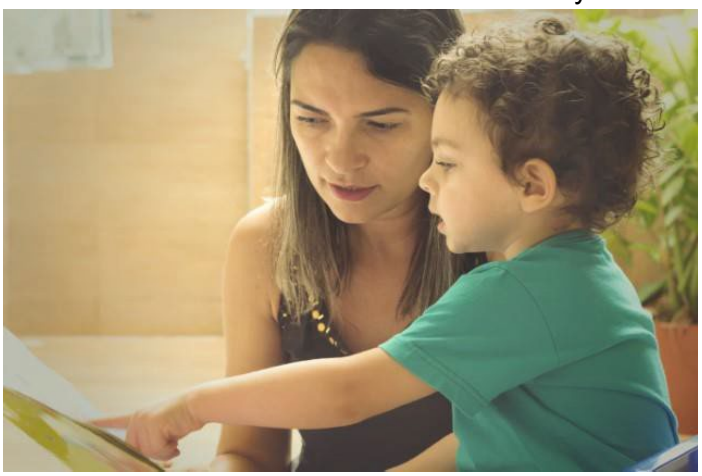
C O N T E N T S

INTRODUCTION

The scope of this report is to address the statutory requirement to report on Missouri's Children's Health Insurance Program (CHIP) and Show Me Healthy Babies (SMHB) Program as required by State law (Sections 208.650 and 208.662.10 of the Revised Statutes of Missouri). Broadly, the report includes an evaluation of CHIP goal performance, including those outlined for the SMHB Program.

THE HISTORY OF CHIP

When Congress enacted CHIP in 1997, there was growing concern about the rising uninsured rate among children in families with annual incomes just above the Medicaid income thresholds. Before CHIP was enacted, 10 million children, or 15 percent of all children were uninsured.[1] Since CHIP's enactment twenty- seven years ago, the national rate of uninsured children has steadily declined.



Federal Medicaid policy changes implemented during the COVID-19 pandemic contributed to increased enrollment trends, with approximately 6.6 million children gaining Medicaid or CHIP coverage from January 2020 to November 2022, representing an 18.6 percentage increase.[2] In Missouri, CHIP enrollment grew from 84,161 participants in 2020 to124,341 participants by December 2023. However, with the unwinding of the COVID-19 Public Health Emergency (PHE) initiated in May 2023, states began redetermining Medicaid eligibility, potentially impacting enrollment numbers. As the PHE unwinding continues, it is essential to monitor the effects on Medicaid and CHIP enrollment, ensuring continuity of care for Missouri's vulnerable populations.

The benefits of expanded access to health care coverage through CHIP are numerous. CHIP coverage is more affordable for families than exchange or employer-sponsored coverage. Children with CHIP coverage are more likely to have a usual source of care, including dental care, and are more likely to have had a well-child visit in the past year compared to children without insurance. [3]

Research has shown access to Medicaid and CHIP has significant benefits to children and their families. With access to Medicaid, children in low-income families receive essential healthcare services and experience long-term benefits, including better health status, greater academic achievement, and increased future earnings. Additionally, families with access to Medicaid and CHIP are less likely to experience financial insecurity and have medical debt.[4] By expanding access to health care coverage, CHIP has made a significant impact on children's lives, ensuring they receive essential services and enjoy better health outcomes.

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1 https://www2.census.gov/prod2/popscan/p60-202.pdf

2 aspe-childrens-health-coverage.pdf (hhs.gov)

3 https://www.macpac.gov/wp-content/uploads/2017/01/Recommendations-for-the-Future-of-CHIP-and-Childrens-Coverage.pdf

4 https://www.americanprogress.org/issues/healthcare/reports/2019/06/12/470996/childrens-health-care-access-improve-universal-coverage-plans/

STATES AND THE CHIP PROGRAM

While CHIP has been successful in reducing the rate of uninsured children, it has also empowered states to design systems of coverage that meet state-specific needs. States can operate CHIP programs as a CHIP Medicaid expansion, a separate CHIP program or a combination of these two approaches. As of September 2007, the Missouri CHIP program has operated through a combination approach. Missouri receives a federal CHIP allotment based on its recent CHIP spending plus a growth factor.

Missouri has 2 years to spend each allotment and the federal government can redistribute any unspent funds to other states.[5]

The CHIP FMAP rate of 64.96% is significantly higher than the standard FMAP rate. In State Fiscal Year (SFY) 2024, approximately $382 million was spent on services for CHIP populations, with $ 292 million financed by the federal government.

In 2018, Congress passed legislation to provide CHIP funding through FY 2027, which provided longer-term clarity for CHIP operations at the state level.[6] The E-FMAP rate, which added 23% to the regular CHIP FMAP rate, was reduced in FY 2019. Through FY 2020, an additional Enhanced-Federal Match Percentage (E-FMAP) rate of 11%, rather than the previous 23%, was provided. As of FY 2021, the 11% E-FMAP was no longer provided after being phased out at the end of FY 2020. FY 2020, FY 2021, FY 2022, and FY 2023 E-FMAPS reflected a 6.2% higher federal matching funding which was made available through the Families First Coronavirus Response Act.[7]

State administrative rule (13 CSR 70-4.080) establishes the methodology used to determine CHIP enrollment eligibility.[8] Generally, for a child to be eligible for CHIP, a family must have an annual modified adjusted gross income (MAGI) of less than 300% of the Federal Poverty Level (FPL). For children in families with MAGI between 150% and 300% of the FPL, there is an additional eligibility test of access to affordable coverage (affordability is defined on a scale from $97 to $ 242 per month based on family size and income).

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[5] https://www.macpac.gov/subtopic/financing/

[6] A continuing resolution signed into law on January 22, 2018 (P.L. 115-120) and the Bipartisan Budget Act of 2018 signed into law on February 9, 2018 (P.L. 115-123) provided CHIP funding through FY 2027.

[7] https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-the-new-increase-in-federal-medicaid-matching-funds-for-covid-19/[8] https://s1.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-4.pdf

Comprehensive Eligibility Requirements for Families with Gross Income of More Than 150% of the FPL

Parents/guardians of uninsured children must certify the child does not have access to affordable employer-sponsored insurance (ESI) or other affordable, available health insurance coverage.

Infants under one-year-old in families with gross incomes of less than 196% of the FPL are exempt from premiums.

Children in families with gross incomes of more than 150% and up to 225% of the FPL are eligible for coverage once a premium payment is received.

Eligibility for the program may begin at the beginning of the month; however, coverage cannot begin until the premium payment is received.

Children in families with gross incomes of more than 226% and up to 300% of the FPL are eligible for coverage 30 calendar days after receipt of the application, or when the premium payment is received, whichever is later.

Any child identified as having special health care needs – defined as a condition that, left untreated, would result in the death or serious physical injury of a child – who does not have access to affordable ESI will be exempt from the 30-day waiting period to be eligible for services, as long as the child meets all other qualifications for eligibility.

The 30 calendar day delay is not applicable to children already participating in the program when a parent's income changes.

Pregnant women not otherwise eligible with gross incomes of less than 300% of the FPL are eligible for coverage under the SMHB Program. SMHB Program participants can be determined presumptively eligible and have no cost-sharing

Premiums:

- Total aggregate premiums cannot exceed 5% of the family's gross income for a 12-month period.
- Premiums must be paid prior to delivery of service.

- Premiums will be updated annually and take effect on July 1 of each calendar year. A chart describing premiums effective July 1, 2024 is included as Appendix 1.

SMHB PROGRAM DETAILS

Missouri's Show- Me Healthy Babies (SMHB) Program is a separate CHIP coverage option established in 2014 through state legislation to provide health coverage to unborn children by expanding coverage to pregnant women. As a distinct program within the Children's Health Insurance Program (CHIP), the SMHB Program offers a tailored approach to addressing the unique health needs of mothers and their unborn children. Since beginning in 2016, the SMHB Program has improved outcomes showing the profound impact of prenatal care on children's and mothers' health, including:[9]

- Better health outcomes extending into adulthood
- Reduces rates of obesity and hospitalizations
- Improved oral health

Without the SMHB Program, newborns would still be covered under Medicaid or CHIP, but associated healthcare costs would increase due to the lack of prenatal care. In contrast, the SMHB Program provides purposeful benefits, improving the expectant mother's health and subsequently, the child's health at birth.

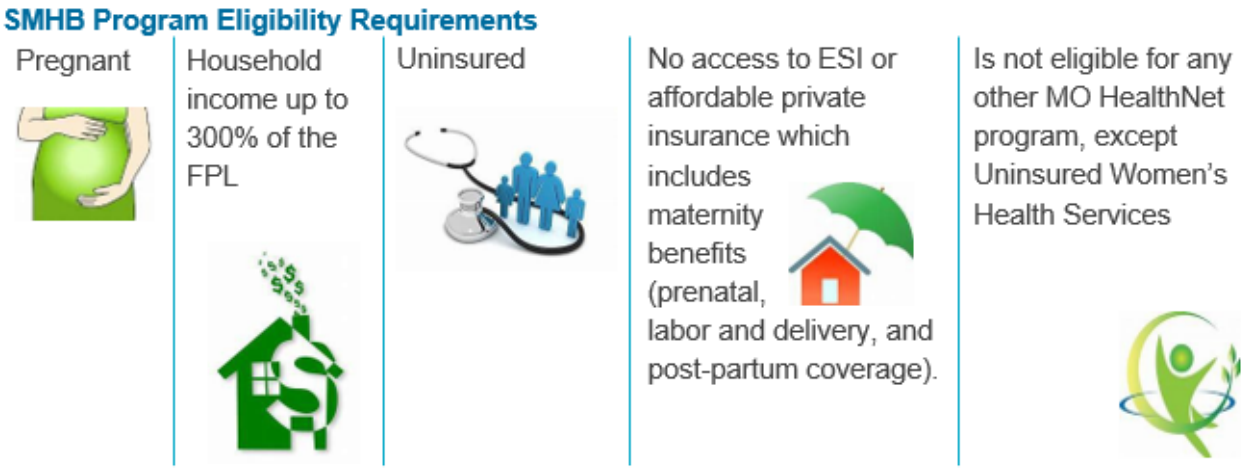
The SMHB Program is designed to bridge the gap in prenatal care, which is crucial for the health of both the mother and unborn child. By covering pregnant women between 201% and 300% of the FPL, the SMHB Program ensures that these individuals receive necessary care. The program offers a range of services, including

- Prenatal Care: comprehensive care for the mother and unborn child
- Care Management: coordinated care to ensure healthy labor, delivery, and birth
- Prenatal and Postpartum Home Visits: support for new mothers and families
- Breastfeeding Education and Electric Breast Pumps: empowering mothers to make informed choices
- No Waiting Periods: immediate access to medical assistance for the unborn child

SMHB Program

- Provides health coverage to unborn children by expanding coverage to mothers.
- Enrollment began in 2016.
- Covers pregnant women between 201% and 300% of FPL.
- Covers all prenatal care and pregnancy related services.

[9] https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf



Notably, the SMHB Program provides continuous coverage for the child from enrollment up to one year after birth, after which they may become eligible for Medicaid or CHIP. Eligible mothers can receive pregnancy-related and postpartum care for up to 12 months after birth, promoting a healthy start for their child. By investing in the health of mothers and unborn children, Missouri's SMHB Program sets a precedent for improving health outcomes and reducing healthcare costs.

Table 1 illustrates income levels for Medicaid, CHIP and SMHB Program for children and pregnant women.

TABLE 1 – CHIP AND SMHB PROGRAM INCOME ELIGIBILITY

PROGRAM / AGE GROUP	0%-110% FPL	111%-148% FPL	149%-150% FPL	151%-196% FPL	197%-300% FPL
Children 0–1	Medicaid (Non-Premium)	Medicaid (Non-Premium)	Medicaid (Non-Premium)	Medicaid (Non-Premium)	CHIP (Premium)
Children 1–5	Medicaid (Non-Premium)	Medicaid (Non-Premium)	CHIP (Non-Premium)	CHIP (Premium)	CHIP (Premium)
Children 6–18	Medicaid (Non-Premium)	Medicaid/CHIP (Non-Premium)	CHIP (Non-Premium)	CHIP (Premium)	CHIP (Premium)
SMHB PROGRAM	SMHB (Non-Premium)	SMHB (Non-Premium)	SMHB (Non-Premium)	SMHB (Non-Premium)	SMHB (Non-Premium)

According to a study published in the American Journal of Obstetrics and Gynecology, prenatal care is associated with fewer preterm births[10], with far-reaching impacts on the overall health of the infant:

Medical Issues

Babies born prematurely suffer from a host of medical problems and are at considerable risk for long term impairment, including physical disability, cerebral palsy, mental retardation, and attention-deficit and hyperactivity disorder (ADHD).

NICU Infants

Medical experts estimate that a quarter of infants leaving neonatal intensive care units (NICUs) have chronic health problems. These chronic problems, including developmental delays and disabilities, put premature babies at risk for a variety of poor social outcomes as they age, including the inability to hold employment, extended residence in a parent's household, lowered socio-economic status, lower cognitive test scores, and behavioral challenges.

Infant Death Risk

In the presence of pregnancy complications, the lack of prenatal care was associated with increased preterm birth rates ranging from 1.6-fold to 5.5-fold for various antenatal high-risk conditions.[11]

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[10] https://www.researchgate.net/publication/11355248_The_impact_of_prenatal_care_on_neonatal_deaths_in_the_presence_and_absence_of_antenatal_high-risk_conditions

[11] https://www.ajog.org/article/S0002-9378(02)00404-0/fulltext

Benefits of SMHB Program

The State's investment in prenatal care for low-income women through its SMHB Program not only has the potential to improve health outcomes for newborns but can also help conserve Missouri's resources.

There is growing evidence that connects the benefits of access to health coverage to better health outcomes and other social and economic benefits, which would be lost without CHIP and the SMHB Program. Health care costs for families with low incomes would increase due to higher out-of-pocket expenses like deductibles. The burden would be particularly significant for children with special health care needs due to the high cost of marketplace plans for that population. Some families might not be able to afford the increased costs, resulting in more uninsured children.[12] Without the SMHB Program, healthier births would decline, but Missouri would remain obligated to cover these children after birth, likely at a greater cost due to their increased healthcare needs.

In 2022 MHD launched an initiative to improve maternal and infant health in Missouri. MHD has a dedicated team of individuals focusing on, Managed Care Payments and Policies, Access to Care and Current Benefits, Innovations, Provider and Participant Education, and Data and Research. Within these focus areas, team members are identifying attainable goals and implementing changes to meet the ultimate goal of reducing low birth weight babies, very low birth weight babies, preterm births, and overall improving maternal and infant health outcomes.

One step Missouri has taken toward improving maternal and infant health outcomes is gaining approval from the Centers for Medicare & Medicaid Services (CMS) for Medicaid and CHIP State Plan Amendments (SPAs) extending postpartum coverage from 60 days following the end of the pregnancy, to one year following the end of the pregnancy. Both the Medicaid and CHIP SPAs were submitted to ensure more participants would benefit from this additional coverage. Participants include pregnant, targeted low-income children, targeted, low-income, pregnant women, and women approved for the SMHB Program based on income. The coverage extension does not include SMHB Program participants approved due to an ineligible immigration status. These SPAs became effective July 7th, 2023.

In late 2023, MHD, in collaboration with the Department of Health and Senior Services, Department of Mental Health, and Department of Elementary and Secondary Education launched the Healthy Moms, Healthy Babies website. This website offers a hub of information for women to support them through their journeys to motherhood, from conception through postpartum. The website can be used to learn about obtaining healthcare coverage and find resources to provide a safe and healthy environment for their babies.

[12] https://familiesusa.org/resources/the-childrens-health-insurance-program-chip/

Missouri has also partnered with St. Louis Integrated Health Network to provide group prenatal care across Missouri. Group prenatal care is an evidence-based approach to prenatal care and is designed to improved patient education and include opportunities for social support while maintaining the risk screening and physical assessment of individual prenatal care. In group prenatal care, a small group of patients meet at scheduled intervals for both medical care and facilitated educational discussions.

In addition, CMS approved a SPA that enables Missouri to begin reimbursing for doula services. The CMS approval aligned with Missouri's emergency regulation effective on October 1, 2024. The emergency regulation was necessary to ensure participants could access these valuable services as quickly as possible. A newly filed permanent regulation is expected to receive full approval when the emergency rule expires in six months. Medicaid participants will have access to the following doula services:

- Prenatal Support: Sessions aimed at enhancing health literacy, covering what to expect during pregnancy and childbirth, identifying normal experiences, communicating concerns to providers, and discussing nutrition, exercise, tobacco cessation, and self-monitoring of existing health risks or conditions.
- Community Navigation: Connecting pregnancy and postpartum women on MO HealthNet to resources and assistance programs based on individual needs.
- Childbirth Support: Assisting with birth planning, what to expect, and providing non-medical support during labor while respecting personal and cultural preferences.
- Postpartum support: Sessions designed to help women understand what to expect, identify normal experiences, communicate concerns to providers, transition back to well-women care, family planning, screening for postpartum depression, parent education and skills, and transition to other insurance as necessary.
- Lactation Education: Offering up to two lactation education and support sessions that cover the fundamentals of breastfeeding.

MHD partnered with the MCOs to develop a universal Notice of Pregnancy (NOP) Screening Portal and NOP Risk Screening Form. These resources capture information and notify MHD and MCOs about patients' pregnancy and Social Determinates of Health (SDoH) to ensure supports can be provided to participants as early as possible. Following a short pilot program, the new portal become available statewide on November 1, 2024.

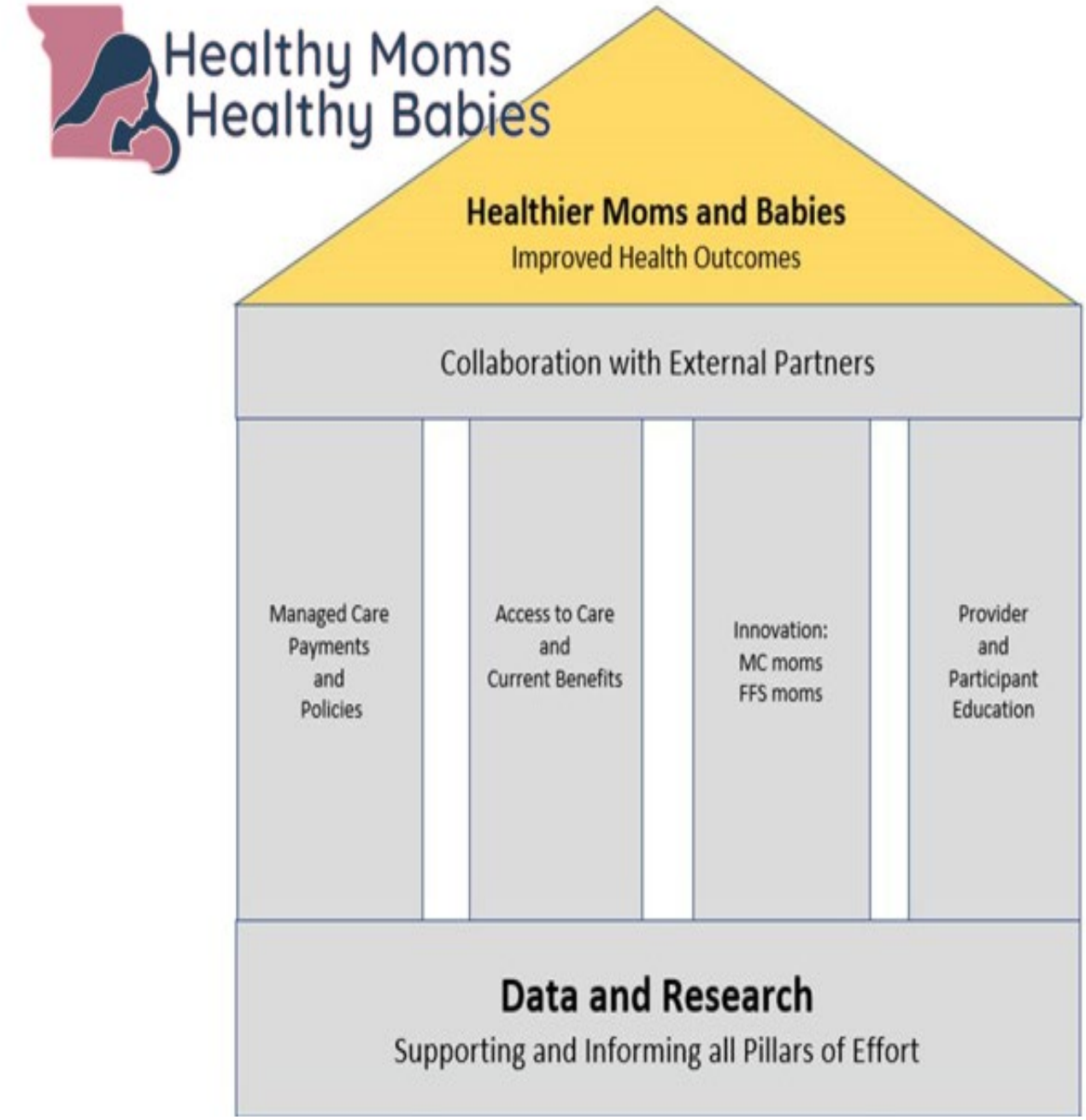
MHD is developing two programs slated to begin in January 2025. The Prenatal Care Adequacy Index (PCAI) Program will pay the MCOs a bonus payment for each mom who is determined to have "adequate" or better prenatal care according to a modified Kotelchuck Index calculation based on encounter data. The Healthy Birthweight Incentive (HBWI) Program is an incentive to provide the MCOs a bonus payment that is based on the actuarial cost difference between a low-birthweight baby and a healthy-birthweight baby. This incentive will be calculated based on annual low-birthweight rates per MCO.

MHD anticipates both of these "upside only" programs will help MCO's focus resources on increased healthcare services, early identification of pregnancy and SDoH needs, in turn reducing disparities.

Results of an analysis conducted by MHD's actuary, Mercer, are shown in the table below. Data displays the average costs for both low birth weight babies and healthy birth weight babies.

Average LBW Costs		Average HBW Costs	
$11,000	Delivery (Mother)	$6,000	Delivery (Mother)
$92,000	Newborn (0-11mo)	$13,000	Newborn (0-11mo)
$103,000	**Total LBW Cost**	**$19,000**	**Total HBW Cost**

Analysis conducted by MO HealthNet's actuary, Mercer.



EVALUATION OF CHIP GOALS

INTRODUCTION TO ANALYSIS

As previously noted, the Department of Social Services ("DSS" or the "Department") is required to submit an annual report on CHIP and the SMHB Program that provides analysis on specific objectives/items identified by the Legislature. DSS is also required, by CMS, to develop a Quality Improvement Strategy (QIS). Missouri's QIS, which was updated in 2024, provides the framework to communicate the State's vision, goals, objectives, and measures that address access to care, wellness and prevention, chronic disease care, cost-effective utilization of services, and customer satisfaction. The QIS includes specific metrics that will be used to measure progress on a yearly and longer-term basis for each goal. While the QIS does not require measures to be broken out by CHIP or the SMHB Program, it does include metrics that are specific to children as well as to pre- and post-natal care.[13] DSS is presenting its required analysis of the CHIP and SMHB programs in alignment with the framework outlined in the QIS quality goals.

The report is structured according to the following goals, along with the relevant data and accompanying analysis that is required by statute:

GOAL 1	GOAL 2	GOAL 3	GOAL 4	GOAL 5
				
Reduce the number of children and unborn children in Missouri without health insurance coverage.	Ensure appropriate access to care.	Promote wellness and prevention.	Ensure cost-effective utilization of services.	Promote member satisfaction with experience of care.

DSS believes focusing this report on quality goals is helpful in providing consistent analysis and support for its mission.

[13] See Quality Improvement Strategy: 2024 Goals, Objectives, and Measures; available at https://mydss.mo.gov/media/pdf/2024-quality-improvement-strategy-0

EXPLANATION OF DATA SOURCES

This report uses previously aggregated, readily available data from the State of Missouri and the following sources:

- Health Status Indicator Rates – Department of Health and Senior Services (DHSS), Section for Epidemiology for Public Health Practice, CY 2022
- U.S. Census Data, 2000–2023
- Claims data from CY 2023
- Eligibility data from CY 2023
- Wraparound Service claims data – Department of Mental Health (DMH), CY 2023 DMH
- Health Effectiveness Data and Information Set (HEDIS) data from 2019–2023
- Consumer Assessments of Healthcare Providers and Systems (CAHPS) data from CY 2023
- Journal articles and health publications produced by the federal government and national health policy researchers (credited in the footnotes).

The most recent data available from these sources was used in compiling this report. To facilitate the comparison of longitudinal data across this year's report and previous years' reports, the same data sources have been used where possible and continue to be reported on a calendar year basis.

The COVID-19 public health emergency (PHE) provided continuous enrollment for members without annual redetermination assessments. This allowance affects the accuracy of data provided throughout the report, beginning with calendar year 2019. Data has begun to level out following the completion of the PHE unwind that officially ended in June 2024.

CHIP/SMHB PROGRAM GOAL 1

GOAL 1

Reduce the number of children and unborn children in Missouri without health insurance coverage.

The mission of DSS is “to empower Missourians to live safe, healthy, and productive lives.”[14]

Furthermore, the vision of MHD is to build a best in class Medicaid program that addresses the needs of Missouri’s most vulnerable in a way that is financially sustainable. Reducing the number of uninsured children and uninsured unborn children is fundamental to these goals and would not be possible without the CHIP and SMHB programs.

Below are details of enrollment information with separate discussions for the CHIP and SMHB programs. As described above, the benefits of access to health coverage directly link to better health outcomes and other social and economic benefits, but those benefits can be difficult to measure.

CHIP Enrollment

Information provided on Tables 2, 3 and 4 below illustrates the number of CHIP participants by month, age, race, and gender. Over the course of CY 2023, monthly CHIP enrollment ranged from 110,217 to 124,341 participants. Note these numbers do not include the SMHB Program.

[14]See Quality Strategy: Mission (at pg. 11); available at https://mydss.mo.gov/media/pdf/2024-quality-improvement-strategy0

Table 2 – CY 2023 CHIP PARTICIPANTS BY ELIGIBILITY CATEGORY (EXCLUDES SMHB)				
MONTH	MEDICAID/CHIP (NON-PREMIUM) [15]	CHIP (NON-PREMIUM)	CHIP (PREMIUM)	TOTAL
January	69,299	283	44,669	114,251
February	69,549	285	44,898	114,732
March	69,837	290	45,043	115,170
April	74,617	239	35,450	110,306
May	74,942	236	35,039	110,217
June	76,822	250	35,636	112,708
July	76,338	241	34,662	111,241
August	76,402	214	36,406	113,022
September	76,682	195	37,040	113,917
October	76,956	170	38,532	115,658
November	77,648	157	41,864	119,669
December	78,661	149	45,531	124,341

Data Source: CY 2023 eligibility data

[15] As a result of provisions contained in the Affordable Care Act children ages 6–18 in families with incomes between 100% of the FPL and the MAGI equivalent of 133% of the FPL are now a mandatory group under the Medicaid program. Before that requirement, Missouri covered these kids under CHIP. The Centers for Medicare & Medicaid Services (CMS) approved continuing to use CHIP funding to cover those kids who would have been CHIP under pre-MAGI eligibility determinations. Therefore, they are included in the report, although they are in a Medicaid eligibility category, and referred to as “Medicaid/CHIP non-premium”.

TABLE 3 – DECEMBER 2023 MEDICAID/CHIP (NON PREMIUM)

GENDER	AGE	MEDICAID/CHIP (NON-PREMIUM)
	1 to 9	13,438
	10 to 14	14,198
	15 to 19	12,682
Male	**Total**	**40,318**
	1 to 9	12,472
	10 to 14	13,411
	15 to 19	12,460
Female	**Total**	**38,434**
Total		**78,661**

TABLE 4 – DECEMBER 2023 MEDICAID/CHIP (NON PREMIUM)

RACE ETHNICITY	MEDICAID/CHIP (NON-PREMIUM)
White / Other	53,173
Asian	1,427
Black/African American	12,941
American Indian/Alaskan Native	288
Native Hawaiian/Pacific Islander	296
Multi-Racial	1,601
Unknown	8,935
Total	**78,661**

SMHB Program Enrollment

The information provided below illustrates the number of SMHB Program participants by month. This information was summarized based on eligibility data provided by DSS. Due to the nature of the program, enrollment in any given month may decrease as women will no longer be in the program when their eligibility ends.

TABLE 5 – CY 2023 SMHB PROGRAM PARTICIPANTS

Month	SMHB Program	Month	SMHB Program
January	3,563	July	3,734
February	3,601	August	4,023
March	3,648	September	3,815
April	3,613	October	3,790
May	3,600	November	3,740
June	3,642	December	3,619

Data Source: CY 2023 eligibility data

The SMHB Program is instrumental in improving birth outcomes and providing coverage to unborn children who would otherwise not have access to health insurance. In the first year of the SMHB Program (CY 2016), 1,069 babies were enrolled in the SMHB Program. In CY 2023, 2,964 babies were enrolled. All these children became eligible for regular CHIP/Medicaid upon birth.

TABLE 6 – CHILDREN BORN TO SMHB PROGRAM WOMEN BY MONTH

MONTH	YEAR	SMHB PROGRAM INFANTS
January	2023	246
February	2023	225
March	2023	246
April	2023	210
May	2023	235
June	2023	250
July	2023	263
August	2023	273
September	2023	267
October	2023	270
November	2023	231
December	2023	248
Total Current Enrollment Ending Dec 31, 2022		**2,964**

Data Source: CY 2023 eligibility data

Table 6 shows the number of children born to SMHB Program women in 2023.

SMHB Program Deliveries Compared to Other Programs

Tables 7 and 8 illustrate enrollment and deliveries across the SMHB Program , CHIP and non-CHIP (Medicaid) programs in Missouri. In comparing 2022 to 2023, the number of CHIP deliveries decreased by approximately 92%, non-CHIP (Medicaid) deliveries decreased by approximately 15%, and SMHB Program deliveries increased by approximately 23%. There was an increase in both CHIP and SMHB Program enrollment.

Note: The large decrease in CHIP deliveries is attributed to PHE data issues.

TABLE 7 – TOTAL DELIVERIES IN 2023

	SMHB PROGRAM	CHIP	NON-CHIP (MEDICAID)
Managed Care	2,798	1	29,109
Fee-for-Service (FFS)	124	0	1,616
Total	**2,922**	**1**	**30,725**

TABLE 8 – CHIP AND SMHB PROGRAM ENROLLMENT AND DELIVERY CHANGES CY 2022 AND 2023

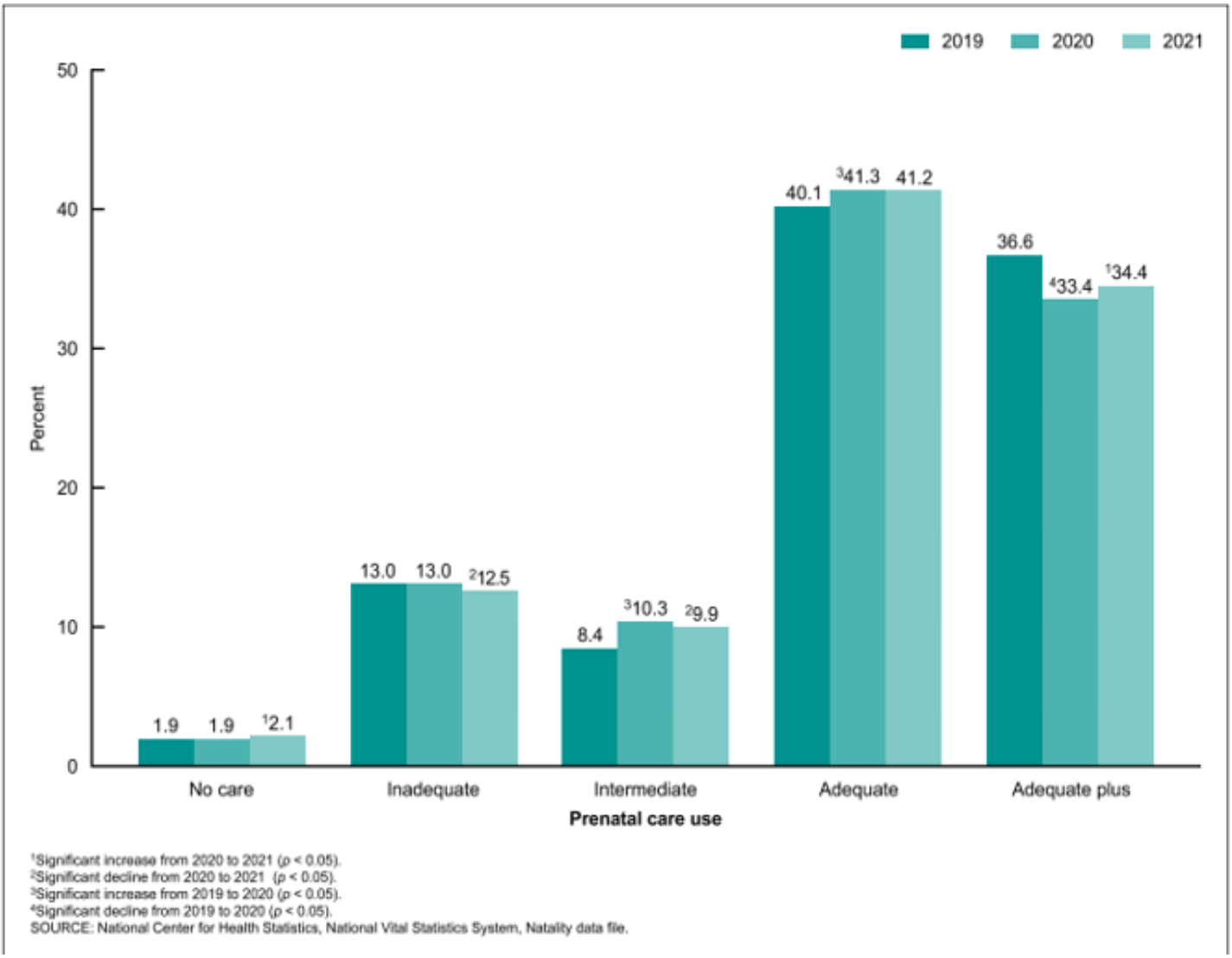
	DEC 2022 ENROLLMENT	DEC 2023 ENROLLMENT	CHANGE	2022 DELIVERIES	2023 DELIVERIES	CHANGE
CHIP	111,804	124,341	11.2%	13	1	-92.3%
SMHB	3,147	3,619	14.9%	2,373	2,922	23.1%

Based on the eligibility criteria for the SMHB Program, enrollees in general were previously uninsured. Comparison points to the SMHB Program would be most relevant to pregnant women in the uninsured population; however, since the comparison population is uninsured, information is unavailable regarding their utilization of health care services. Therefore, this report focuses on different proxies or indicators that are likely related to the receipt of proper prenatal care.

As discussed above, studies have shown that the earlier a pregnant woman has access to health coverage, the more likely she is to receive prenatal services. Figure 1 below contains results from a study by the Centers for Disease Control and Prevention's National Center for Health Statistics monitoring prenatal care from 2019-2021. According to the study, the percentages of inadequate and intermediate care declined and adequate plus care increased.[16]

16 https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-04.pdf

Figure 1 – Percentage of mothers with prenatal care, based on Adequacy of Prenatal Care Utilization Index: United States, 2019-2021



Overall Impact of CHIP and SMHB Program on Health Care of Missouri Residents

The introduction to this report provides details on studies that have analyzed the impact of health insurance coverage on children's health. Studies clearly show that children with insurance have better health outcomes and higher academic success rates than uninsured children. Notably:

- Studies suggest there is a positive correlation between access to health insurance coverage and academic achievement.[17] Indeed, a 2016 report published by the Kaiser Family Foundation demonstrated the success of the CHIP program beyond improved health outcomes; research delineated a correlation between CHIP enrollment and improvement in school attendance, performance, and motivation to pursue higher education.[18]

[17] http://jhr.uwpress.org/content/51/3/727.short

[18] https://www.kff.org/report-section/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future-issue-brief/

- Emerging evidence suggests that the health benefits continue through adulthood.[19]
- A 2016 report of compiled research published by the Kaiser Family Foundation found both Medicaid and CHIP provide broad benefits and cost-sharing protections for low-income children. Children enrolled in Medicaid received a comprehensive benefit package that includes the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, long-term care, many rehabilitative services, and service provided at Federally Qualified Health Centers (FQHCs). Under EPSDT, children are guaranteed comprehensive coverage including access to physical and mental health therapies, dental and vision care, personal care services and durable medical equipment. [20]
- In nine of ten studies cited in the Congressionally mandated evaluation of CHIP, rates of unmet need were reduced by 50% or more as compared to pre-CHIP rates. Evidence further indicates that increased access is accompanied by reduced emergency department use.[21]

CHIP/SMHB PROGRAM GOAL 2

GOAL 2

Ensure appropriate access to care

After a child is enrolled in CHIP, it is imperative to ensure the child has access to care to take full advantage of the program. Access can be defined by, among other things, availability of providers accepting CHIP/SMHB Program participants who are located a reasonable distance from the participant's home. DSS measures access in managed care by reviewing provider directories, panel status, appointment availability, monitoring complaints, and travel time or distance standards.

The appointment time and distance standards are addressed in the QIS. In addition, DSS reviews CAHPS results to monitor participants' experiences with the Medicaid and CHIP programs. The CAHPS data is useful when considering whether members are receiving appropriate access to care.

In addition, the statute requires the Department to consider the effect of the CHIP program on the number of children covered by private insurance. Appropriate access to care also means ensuring that individuals who have access to private health insurance are utilizing that coverage.

[19] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4785872/#R49

[20] https://www.kff.org/report-section/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future-issue-brief/

[21] https://www.kff.org/report-section/the-impact-of-the-childrens-health-insurance-program-chip-issue-brief/

Relevant CAHPS Information

CAHPS results for three important indicators related to children's access to both routine and specialty care are included in Table 9. Results for Missouri's CHIP program show that Missouri is above the national average for the following measures: getting care quickly, the preventive care access, and specialty care access.

TABLE 9 – CAHPS INFORMATION ON ACCESS TO CARE FOR CHILDREN ENROLLED IN CHIP (2024)

CAHPS MEASURE	MISSOURI	NATIONAL HMO AVERAGE
In the last six months, when your child needed care right away, how often did your child get care as soon as he or she needed?	94.7%	91.39%
In the last six months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as he or she needed?	88.23%	86.66%
In the last six months, how often did you get an appointment for your child to see a specialist as soon as he or she needed?	74.85%	79.22%

Effect of CHIP on Number of Children Covered by Private Insurers

It is important to consider the effect of CHIP on the number of children covered by private insurance, and whether the expansion of health care coverage to children whose gross family income is above 185% FPL has any negative effect on these numbers.

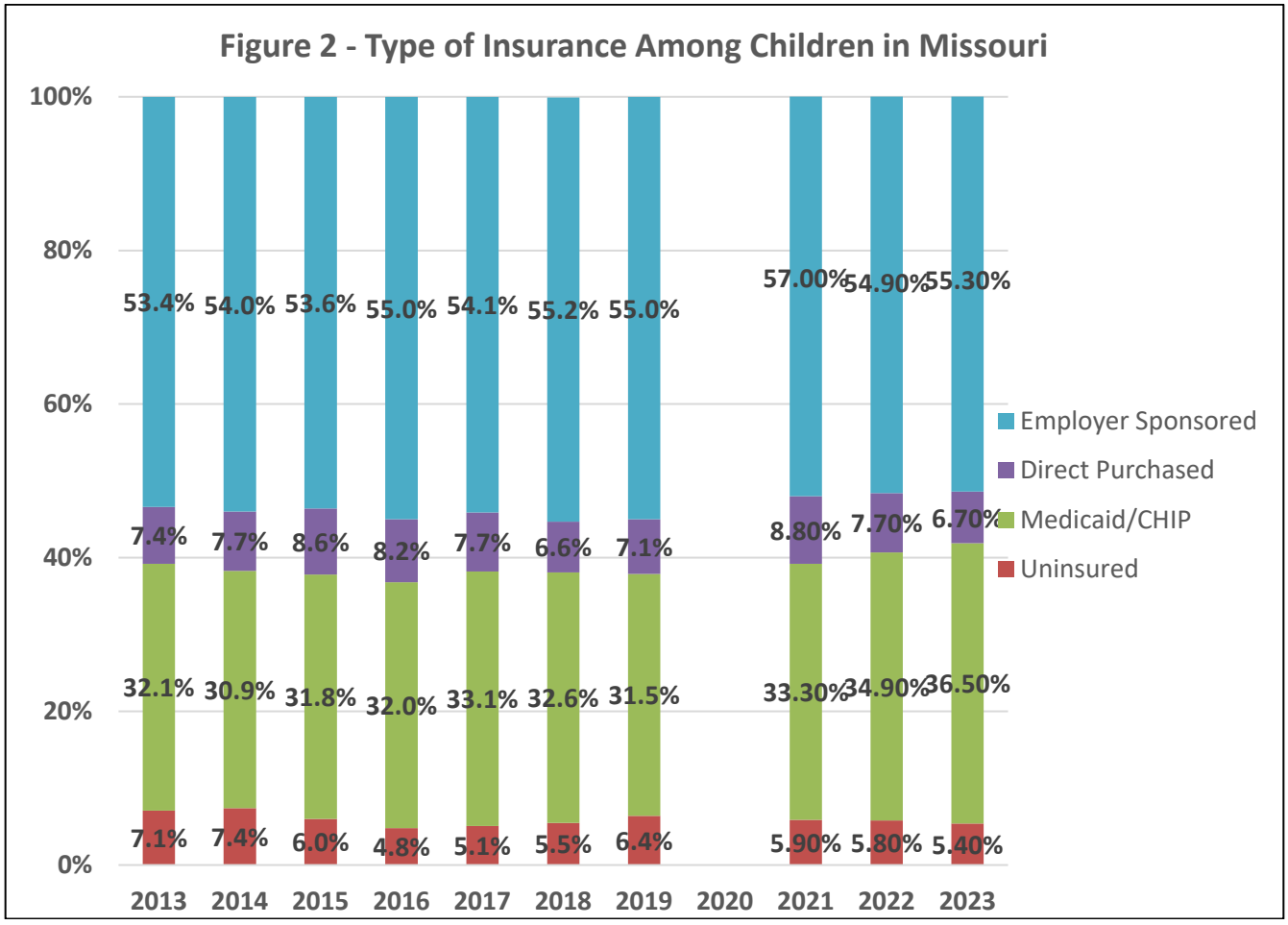
When CHIP reauthorization legislation passed into law in 2008, Congress required states to adopt efforts to ensure that "the insurance provided under the State child health plan does not substitute for coverage under group health plans."[22] In Missouri's CHIP program, a child must not currently have health insurance or access to affordable health insurance through a parent's employer. In addition, the State utilizes an affordability calculator to determine whether affordable insurance is available to a child in the private marketplace. Lastly, children within a CHIP eligible household with a Modified Adjusted Gross Income over 150%, up to but not including 300% of FPL, will be required to pay a premium in exchange for coverage. [23]

[22] 42 USC 1397bb(b)(3)(C)

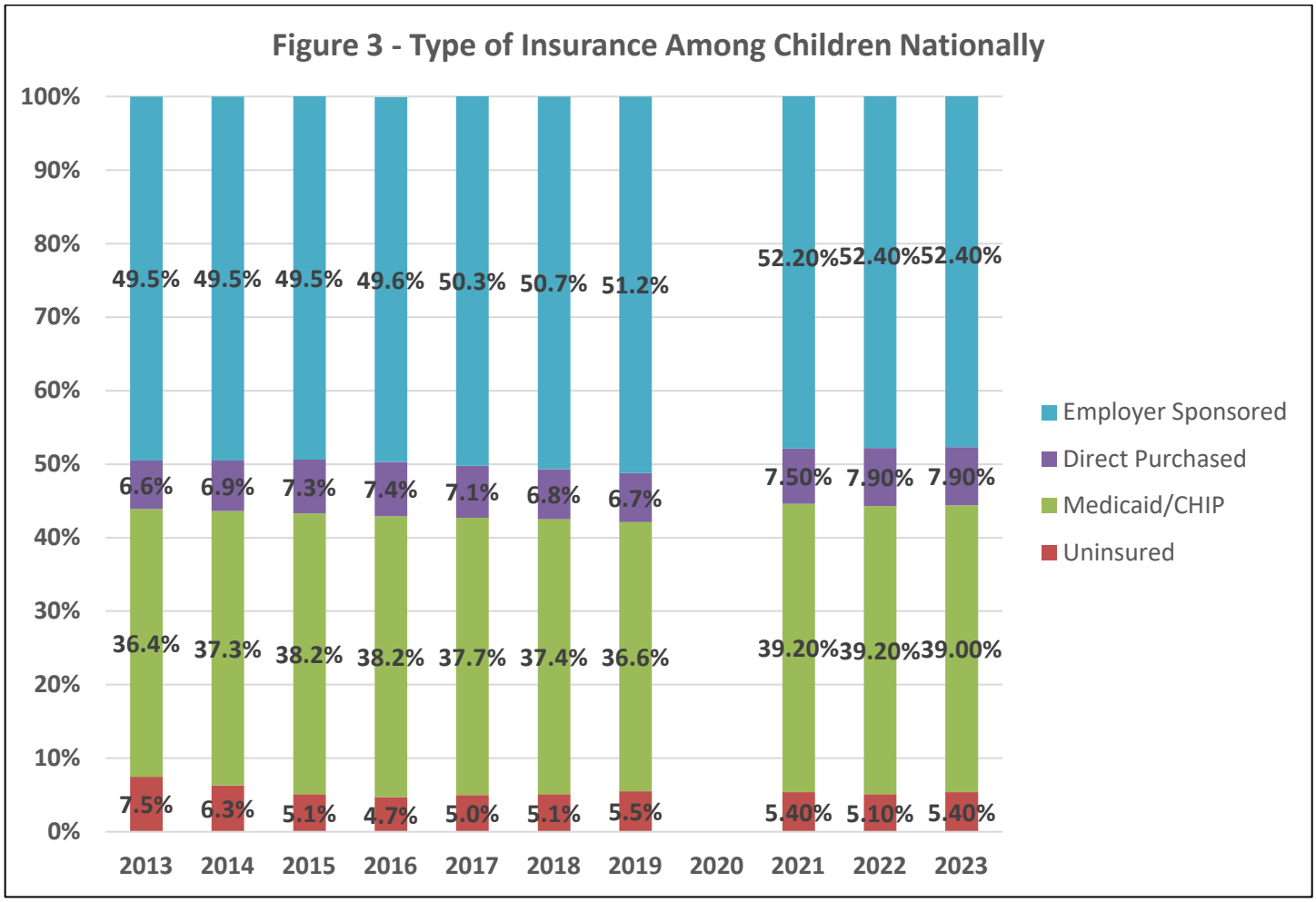
[23] https://www.medicaid.gov/CHIP/Downloads/MO/MO-17-0002.pdf

Evidence from 2013 to 2023, as shown below in Figure 3, demonstrates that the rate of both ESI and "direct purchase" insurance has increased slightly.[24] Both are indicators that CHIP has not been substituted for private insurance coverage. Missouri's rate of ESI insurance stands above national trends (52.4% ESI nationally versus 55.30% in Missouri in 2023) while "direct purchase" is in line with national trends (7.9% "direct purchase" insurance nationally versus 6.7% in Missouri in 2023). Beginning in 2016, the rate of uninsured children in Missouri also increased until 2019. Due to the impact the Covid-19 pandemic had on data collection, 2020 data for the Types of Insurance among Children in Missouri (Figure 2) was not released. Data collection resumed and was released in 2021 showing a decrease in the rate of uninsured children and continued to decrease in 2022 and 2023.

These data suggest that the expansion of the CHIP program has had little to no impact on the number of children covered by private insurance, and in fact, Missouri is outpacing the rest of the nation in maintaining private health insurance rates, both in overall percentage and over the last ten years. Figures 2-3 illustrate these ten-year trends.



24 https://www.census.gov/library/publications/2024/demo/p60-284.html



Data Source: Health Insurance Coverage in the United States: 2022 Report
NOTE: Due to the impact of the COVID-19 pandemic, 2020 data is unavailable for Figures 2 and 3

CHIP/SMHB PROGRAM GOAL 3

GOAL 3

Promote wellness and prevention

Providing health insurance to children and unborn children is crucial for enhancing access to preventive care, which in turn promotes wellness and improves overall health outcomes. To assess the effectiveness of CHIP and the SMHB Program coverage in achieving this goal, we can examine HEDIS measures. Furthermore, as mandated by statute, our evaluation under Goal 3 also explores the impact of CHIP on delivering comprehensive community-based wraparound services for seriously emotionally disturbed (SED) children and those affected by substance use.

HEDIS Measures

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used by more than 90% of US health plans to measure performance on certain aspects of care and service.[25] DSS requires its managed care organizations (MCOs) to report on certain HEDIS measures, several of which are helpful to review when considering how DSS has made progress toward its goal of promoting wellness and prevention.

Missouri operates a Performance Withhold Program based on HEDIS measures.[26] The program withholds two-point-five percent (2.5%) of the per-member per-month payment (PMPM) to the contracted managed care organizations. Payment is then released on an annual basis based upon the health plan's improvement on the selected HEDIS measures.

DSS does not currently require HEDIS results to be stratified by Medicaid and CHIP; therefore, this report includes combined data for Medicaid and CHIP populations. While HEDIS includes a variety of measures, for purposes of this section of the report DSS is focusing on three specific measures: (i) Well-Child Visits in the First 15 Months of Life, (ii) Child & Adolescent Well-Care Visits (3-21 years), and (iii) Oral Evaluation, Dental Services, age under 21 years old.

[25] https://www.ncqa.org/hedis/
[26] https://mydss.mo.gov/media/pdf/mhd-managed-care-performance-withhold-technical-specifications

TABLE 10 – HEDIS INFORMATION*

HEDIS MEASURE	HEDIS 2024	HEDIS 2023	HEDIS 2022	HEDIS 2021	HEDIS 2020	HEDIS 2019
Percent of members with six or more well-child visits in the first 15 months of life	56.91%	54.2%	50.1%	48.8%	61.3%	55.9%
Percent of members with well-care visits between ages 3–21**	43.47%	46.3%	42.6%	45.5%	58.1%	58.6%
Oral Evaluation, Dental Services, ages under 21 ***	38.76%	42.4%	43.4%	42.3%	55.3%	49.5%

**The HEDIS Measure year includes data from the previous calendar year. For example, HEDIS 2024 reflects data from calendar year 2023.*

***HEDIS Measure Percent of members with well-child visits between ages 3-6 changed in HEDIS 2021 to Percent of members with at least one comprehensive well-care visit between ages 3-21.*

****HEDIS Measure Percent of members age 2-20 with dental benefits who had at least one dental visit during the measurement year changed in HEDIS 2024 to Oral Evaluation, Dental Services, ages under 21*

Community-Based Wraparound Services for Serious Emotional Disturbance (SED) Children and Children Affected by Substance Abuse

Wraparound services are a class of treatment and support services provided to a SED child and/or the child's family with the intent of facilitating the child's functioning and transition toward a better mental health state. Wraparound services include family support services, case management, respite care, targeted case management, community support services, transportation support, social and recreational support, basic needs support and clinical/medical support.

The Department of Mental Health (DMH) and MHD have developed joint protocols and guidelines for the provision of wraparound services. Funding is provided by a combination of state general revenue (DMH) and federal match dollars (MHD). DMH coordinates and oversees the delivery of these services.

DSS and DMH data on CHIP program eligibility, MCO enrollment and wraparound service utilization for CY 2023 were used for the purpose of this analysis. DMH implemented a new payment system in July of 2021 resulting in a new baseline of wraparound service data for CY 2022 utilization rates. Beginning October 1, 2024, the health plan reimbursement to Certified Community Behavioral Health Organizations (CCBHOs) is 100% of the state agency Fee-for-Service fee schedule effective on the date of service. MHD will pay the difference of the fee-for-service fee schedule payment and prospective payment system to be known as a wraparound payment during the CCBHO demonstration.

While the MCOs are not required by contract to provide wraparound services, they often do so when it is cost effective as an alternative to more intensive levels of care. The statistics below, while informative, cannot be used on their own to determine the quality of wraparound services received by each population. Missouri continues to work with the CCBHOs involved in the demonstration

project to improve their claims data related to wraparound services and has made progress towards receiving daily claims data. The demonstration project has been extended through September 2025. The data reflected in the below charts do not include CCBHO data at this time.

Tables 11 and 12 show utilization rates of wraparound services by type for CY 2023.

TABLE 11 – QUANTITY OF WRAPAROUND SERVICE UNITS

WRAPAROUND SERVICES	TIME PERIOD	FAMILY SUPPORT	OTHER CASE MANAGEMENT	RESPITE	TARGETED CASE MANAGEMENT	OTHER WRAPAROUND SERVICES	COMMUNITY SUPPORT SERVICES
FFS	1/2023 – 6/2023	31	4	0	14	225	83
	7/2023 – 12/2023	38	3	0	0	239	151
MCO	1/2023 - 6/2023	68	30	0	0	690	335
	7/2023- 12/2023	291	7	0	0	780	300

TABLE 12 – WRAPAROUND SERVICE UNITS PER CHILD

WRAPAROUND SERVICES	TIME PERIOD	FAMILY SUPPORT	OTHER CASE MANAGEMENT	RESPITE	TARGETED CASE MANAGEMENT	OTHER WRAPAROUND SERVICES	COMMUNITY SUPPORT SERVICES
FFS	1/2023 – 6/2023	15.5	1	0	14	32.1	20.8
	7/2023 – 12/2023	7.6	1	0	0	26.6	30.2
MCO	1/2023 – 6/2023	13.6	2	0	0	27.6	22.3
	7/2023 – 12/2023	36.4	1.2	0	0	55.7	16.7

CHIP/SMHB PROGRAM GOAL 4

GOAL 4

Ensure cost effective utilization of services

Cost-effective utilization of services is. a top priority for the Department, working to build a best-in-class Medicaid program that addresses the needs of the state's most vulnerable populations in a financially sustainable way.

To achieve this goal, DSS evaluated data on various key metrics, including:

- Preventable Hospitalizations: By reducing unnecessary hospitalizations, DSS aims to lower healthcare costs and improve outcomes for Medicaid recipients.
- Emergency Department Utilization: The department is working to reduce emergency department visits by providing timely and effective care through other channels.
- SFY Expenditures for CHIP and the SMHB Program: DSS analyzed expenditures for the CHIP and SMHB Program to identify areas for cost savings and efficiency improvements.
- Select HEDIS Measures: HEDIS measures provide a framework for evaluating healthcare quality and outcomes. DSS used select HEDIS measures to assess the effectiveness of their programs and identify areas for improvement.

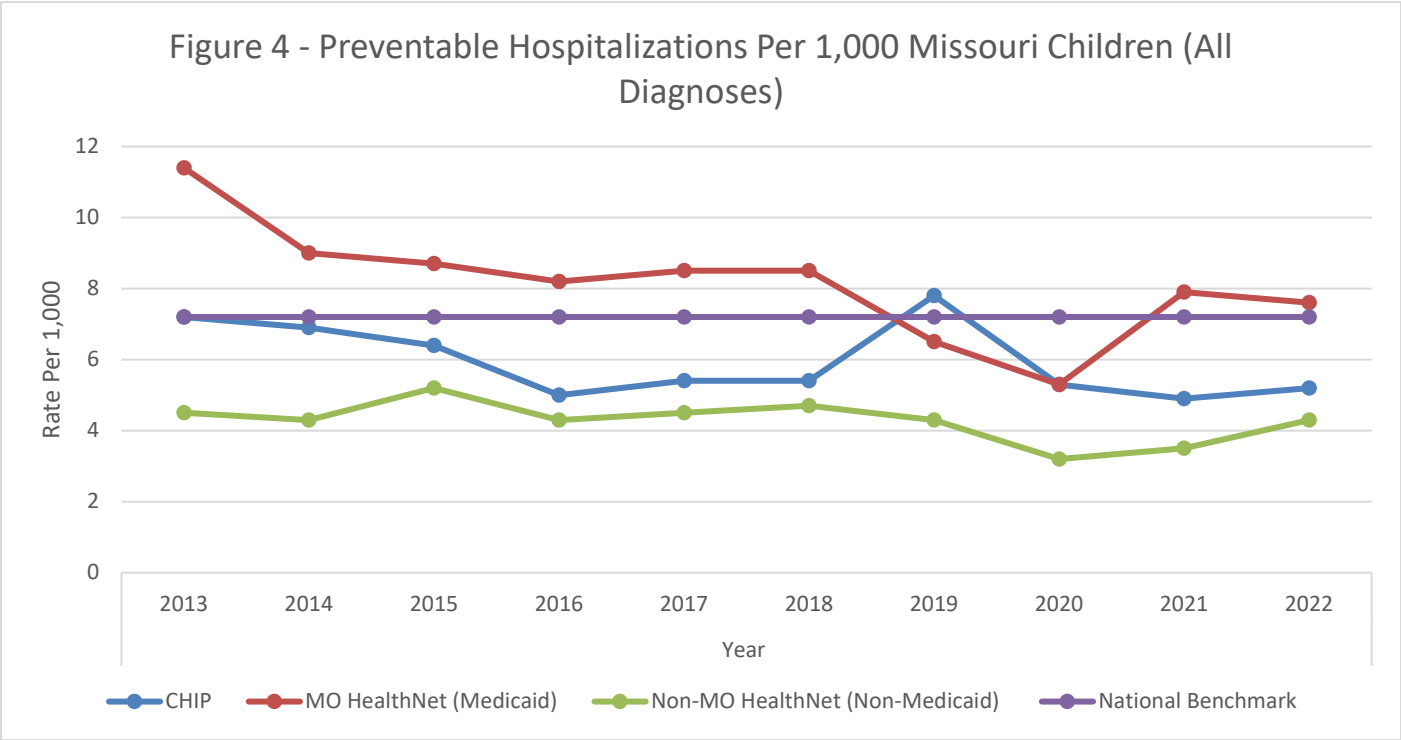
The below summaries provide a comprehensive overview of Missouri's children's healthcare indicators:

Preventable Hospitalization Summary

The data presented below look at four hospital indicators including emergency department use and hospitalizations. The data indicates significant progress in reducing preventable hospitalizations among Missouri children with data analysis revealing encouraging trends:

- CHIP Population: Preventable hospitalizations decreased by 27.8% from 2013 to 2022, with a steady decline from 7.2 in 2013 to 5.2 in 2022. This represents a notable 27.8% reduction below the national benchmark of 7.2 per 1,000 children.
- MO HealthNet (Medicaid) Population: Preventable hospitalizations decreased by 33.3% from 2013 to 2022, with a slight increase from 2020 to 2022 likely due to COVID-19. Despite this minor fluctuation, MO HealthNet rates continue to approach those of the non-MO HealthNet population.
- Non-MO HealthNet (Non-Medicaid) Population: Preventable hospitalizations decrease by 4.4% from 2013 to 2022, demonstrating a consistent decline.

These trends demonstrate Missouri's commitment to enhancing healthcare access and quality, ultimately benefiting the state's most vulnerable populations.



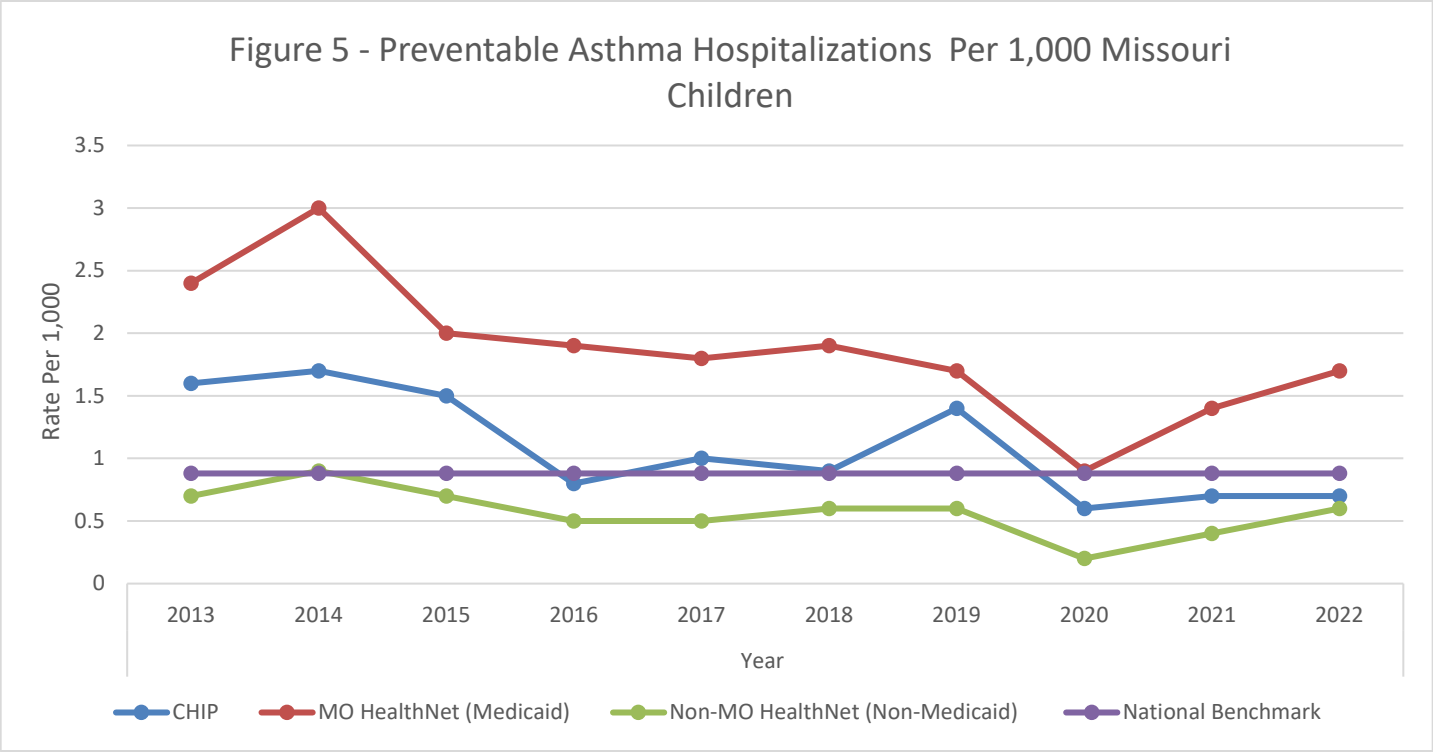
Data Source: DHSS Health Status Indicator Rates

Preventable Asthma Hospitalizations Summary

Continued progress is shown in reducing preventable asthma hospitalizations among Missouri's children. Data analysis reveals:

- CHIP Population: Preventable asthma hospitalizations decreased by 55.6% from 2013 to 2022, with a steady decline from 1.6 in 2013 to 0.7 in 2022. This represents a remarkable 20.5% reduction below the national benchmark of 0.88 per 1,000 children.
- MO HealthNet (Medicaid) Population: Preventable asthma hospitalizations decreased by 25% from 2013 to 2022, demonstrating improved health outcomes.
- Non-MO HealthNet (Non-Medicaid) Population: Preventable asthma hospitalizations decrease by 14.3% from 2013 to 2022, reflecting a steady decline.

These trends highlight Missouri's commitment to enhancing asthma management and reducing preventable hospitalizations, ultimately benefiting the state's most vulnerable populations.



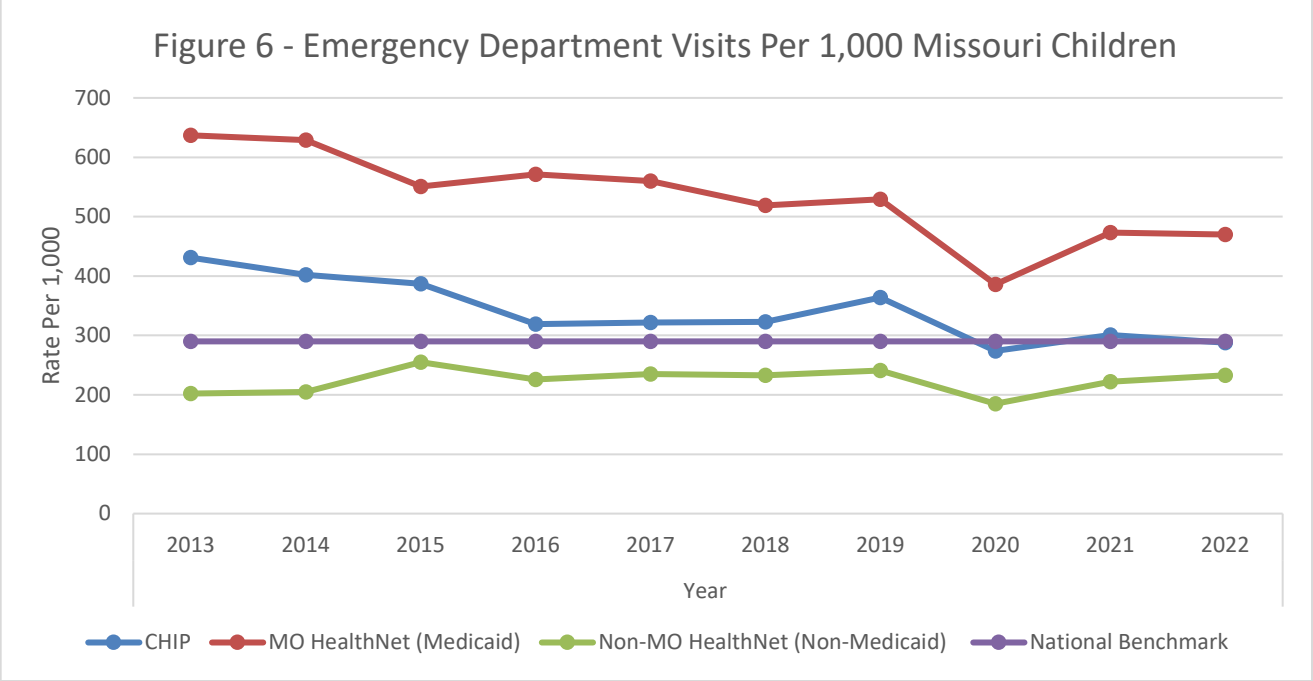
Data Source: DHSS Health Status Indicator Rates

Emergency Department Visits Summary

Significant reduction in emergency department visits among Missouri's children can be seen within the data analysis:

- CHIP Population: Emergency department visits decreased by 33% from 2013 to 2022, with a steady decline from 431 in 2013 to 301 in 2022.This represents a notable reduction.
- MO HealthNet (Medicaid) Population: Emergency department visits decreased by 26% from 2013 to 2022, demonstrating improved health outcomes.
- Non-MO HealthNet (Non-Medicaid) Population: Emergency department visits decreased by 15% from 2013 to 2022, reflecting a steady decline.

These trends highlight Missouri's efforts to reduce unnecessary emergency department visits, improving healthcare access and outcomes for vulnerable populations.



Data Source: DHSS Health Status Indicator Rates

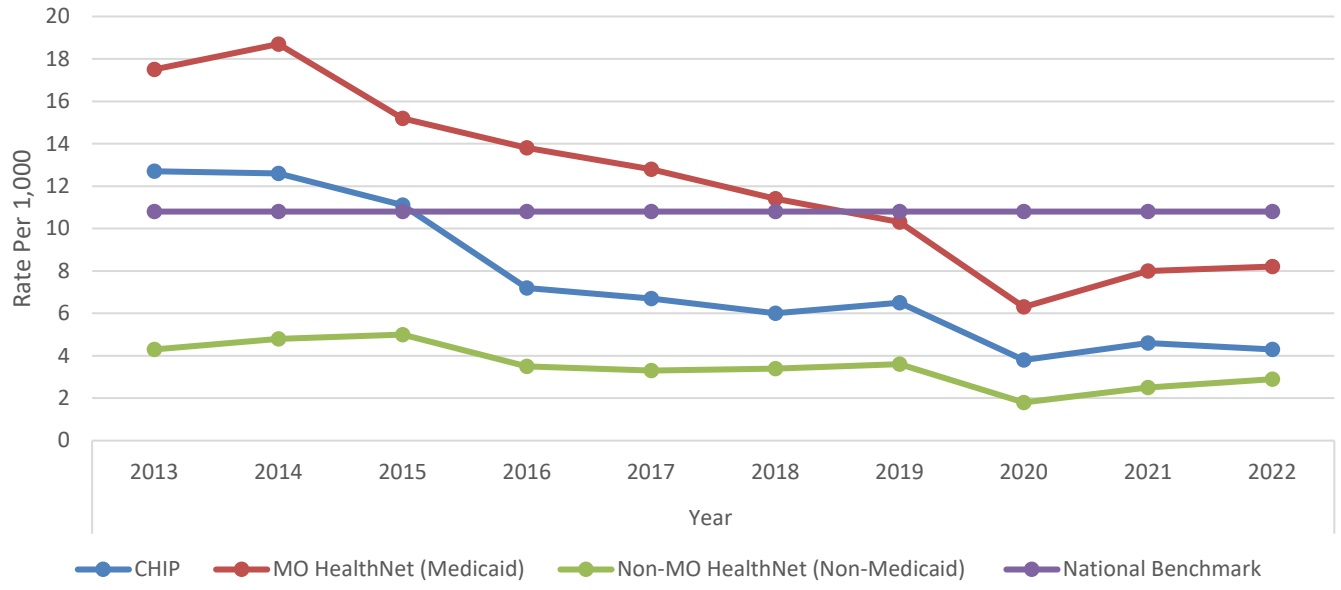
Asthma Emergency Department Visits Summary

Missouri continues to demonstrate significant progress in reducing asthma emergency department visits among children. Data analysis reveals:

- CHIP Population: Asthma emergency department visits decreased by 66% from 2013 to 2022, with a steady decline from 12.7 in 2013 to 4.3 in 2022. This represents a remarkable 60.2% reduction below the national benchmark rate.
- MO HealthNet (Medicaid) Population: Asthma emergency department visits decreased by 53% from 2013 to 2022, showing improved health outcomes.
- Non-MO HealthNet (Non-Medicaid) Population: Asthma emergency department visits decreased by 31% from 2013 to 2022, reflecting a steady decline.

These trends highlight Missouri's commitment to enhancing asthma management and reducing emergency department visits, ultimately benefiting vulnerable populations.

Figure 7 - Asthma Emergency Department Visits Per 1,000 Missouri Children



Data Source: DHSS Health Status Indicator Rates

This report presents an update on Missouri's children's healthcare indicators, presented in Table 13. Detailed data by region and by year are included as Appendix 2 of this report.

MO HealthNet's asthma education and in-home environment assessment program, implemented in 2018, has contributed to improvements in the reduction of emergency room utilization among the targeted populations. The COVID-19 pandemic led to temporary declines, but data shows encouraging signs of recovery. Preventable hospitalizations and emergency department visits continue to trend download. Asthma emergency department visits have decreased significantly among both CHIP and MO HealthNet populations.

TABLE 13 – SUMMARY OF 2022 INDICATORS FOR MISSOURI CHILDREN UNDER AGE 19 PER 1,000 CHILDREN

	CHIP	MO HEALTHNET (MEDICAID)	NON-MO HEALTHNET (NON-MEDICAID)	NATIONAL BENCHMARK
Preventable Hospitalizations	5.2	7.6	4.3	7.2
Preventable Asthma Hospitalizations	0.7	1.7	0.6	.88
Emergency Department Visits	287	469.8	233.2	290
Asthma Emergency Department Visits	4.3	8.2	2.9	10.8

Rates are per 1,000 population. For non-CHIP population, age is under 18.
Data Sources: DHSS

CHIP and SMHB Program Expenditures

CHIP and the SMHB Program are funded through federal and State appropriations (both through general State revenue and other State agency dollars). The State share, however, is a small fraction of the total CHIP expenditures in Missouri.

TABLE 14 – CHIP SFY 2023 EXPENDITURES

	CHIP	SMHB PROGRAM	GRAND TOTAL
State General Revenue	$82,766,242.40	$17,173,233.79	$99,939,466.19
Other Funds	$7,719,204.00	$0	$7,719,204.00
Federal Funds	$292,144,566.63	$55,303,316.51	$347,447,883.14
Total	**$382,630,013.03**	**$72,476,540.30**	**$455,106,553.33**

**Note: Other Funds include FRA, Pharmacy Rebate, Premium, PFRA and IGT.*

CHIP/SMHB PROGRAM GOAL 5

GOAL 5

Promote member satisfaction with experience of care

The last goal of the QIS is to promote member satisfaction with experience of care. While not required by statute, an important indicator of the success of the CHIP and SMHB programs is reviewing member satisfaction with experience of care. If members do not have positive interactions with the health care system, they may be less likely to participate in preventive care, which could result in later increased costs (e.g., through unnecessary hospital visits). To that end, the Department reviewed available CAHPS data and compared results with national standards.

CAHPS results for four indicators related to satisfaction with experience of care are included in Table 15. Results for Missouri's CHIP program show that Missouri is above the national averages with respect to satisfaction related to actual providers and satisfaction with the child's health plan.

TABLE 15 – CAHPS SATISFACTION WITH EXPERIENCE OF CARE RESULTS AMOUNT CHIP PARTICIPANTS

CAHPS MEASURE	MISSOURI CHIP	NATIONAL HMO AVERAGE
Proportion of respondents that would rate all their child's health care in the last six months an 8 or higher on a scale from 0-10 where 0 is the worst health care possible and 10 is the best health care possible.	85.78%	86.88%
Proportion of respondents that would rate their child's personal doctor an 8 or higher on a scale from 0-10 where 0 is the worst personal doctor possible and 10 is the best personal doctor possible.	92.24%	89.68%
Proportion of respondents that would rate their child's specialist seen most often an 8 or higher on a scale from 0-10 where 0 is the worst specialist possible and 10 is the best specialist possible.	86.93%	87.2%
Proportion of respondents that would rate their child's health plan an 8 or higher on a scale from 0-10 where 0 is the worst health plan possible and 10 is the best health plan possible.	83.71%	86.26%

CONCLUSION

CHIP AND THE SMHB PROGRAM: INVESTING TODAY IN MISSOURI'S FUTURE

Misouri's CHIP program has been a cornerstone of healthcare access for children for over two decades. Despite evolution, on econstant outcome has been increased coverage for previously uninsured children. Nationally, the uninsured rate has deopped to 5.4% (2023) and Missouri has seen improved health outcomes fo renrolled children. Participant sarisfaction remains high.

On July 1, 2019, CMS awarded 39 cooperative agreements in 25 states under the Healthy Kids Act.

Missouri was one of these states awarded a cooperative agreement, allocating up to $48 million to enhance Medicaid and CHIP enrollment and retention. This funding has contributed to responsible stewardship of public resources, expanding preventative care, and reduced emergency room visits and hospital stays.

The data indicates that CHIP has not replaced private insurance coverage but rather fills a critical coverage gap for working families. Research highlights the long-term benefits of early healthcare access, including improved health, academic, and employment outcomes. Missouri's SMHB Program demonstrates these promising results, particularly in prenatal care and birth outcomes. With sustained support, the potential for lifetime outcome improvements is vast.

APPENDICES: SEE SEPARATE DOCUMENT

APPENDIX 1: CHIP PREMIUMS

APPENDIX 2: HOSPITALIZATION AND ER UTILIZATION RATES BY PAYER/PROGRAM (2001-2022)

APPENDIX 3: DMH-DSS WRAPAROUND SERVICE CODES AND TITLES